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JUL 12 2016 R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: L & D CARIB CO	RP		
DOCUMENT NUMB	ER: G13000119519			
	of Amendment and fee are su	bmitted for filing.	·	
Please return all corresp	pondence concerning this ma	tter to the following:		
•	OWEN DEWAR			
-		Name of Contact Person	n	
1	L & D CARIB CORP			
-	,	Firm/ Company		
;	8902 COBBLESTONE POI	NT, CIRCLE	•	
-		Address		
1	BOYNTON BEACH, FL 33	472		
-		City/ State and Zip Cod	e	
SUEL	LENR@REXACCOUNTIN	G.NET		
	•	sed for future annual report	notification)	
	` .	•	•	
For further information	concerning this matter, plea	se call:		
OWEN DEWAR		at (413-5358	
Name o	Name of Contact Person Area Code & Daytime Telephone Numb			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FI 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 16 JUL-8 PM 3: 12

L & D CARIB CORP

		<u>\$609072500000</u>
(Name of C	Corporation as currently filed with the	Florida Dept. of State)
	(Document Number of Corporation (if	known)
rsuant to the provisions of section 607.10 Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit C</i>	orporation adopts the following amendment
. If amending name, enter the new nam	e of the corporation:	
		The new
ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association	on "Corp," "Inc," or "Co". A professi	or "incorporated" or the abbreviation ional corporation name must contain the
Enter new principal office address, if a Principal office address MUST BE A STR		
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, e egistered office address:	enter the name of the
Name of New Registered Agent		
_		·
·	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if char	anina Danistana i Amusta	
hereby accept the appointment as registere	iging Registered Agent: 2d agent. I am familiar with and accept t	he obligations of the position.
	\	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	oe ·				
X Remove	<u>v</u>	Mike J	ones				
_X Add	<u>sv</u>	Sally S	<u>mith</u>				
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s	
1) Change	VP	MARCIA GRACE DEWAR		8902 COBBLESTONE PT CIRCL			
Add						BOYNTON BEACH, FL 3	3472
X Remove							
2) Change							
Add							
Remove							· · · · · ·
3) Change		_		·			
Add							
Remove					•		
4) Change		—					
Add	•			• •	٠.		
Remove	•		,				
5) Change				. ,			
Add							
Remove							
δ) Change							
Add						· · · · · · · · · · · · · · · · · · ·	
Remove							

Attach additional sheets, if necessary).	ticles, enter change (Be specific)					
	· · · · · · · · · · · · · · · · · · ·	· · · · ·				
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If an amendment provides for an exc	hange, reclassifica endment if not cor	ntion, or cancellat	ion of issued endment itself	shares, <u>:</u>		
(if not applicable, indicate N/A)						
(if not applicable, indicate N/A)			-	· .		
(if not applicable, indicate N/A)	<u> </u>		·			
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
(if not applicable, indicate N/A)						
provisions for implementing the am (if not applicable, indicate N/A)						
(if not applicable, indicate N/A)						

The date of each amendmen	JUNE 27, 2016	, if other than th
date this document was signed		, if other than th
Effective date <u>if applicable</u> :	JUNE 27, 2016	
interior date <u>in applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this define Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment (ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	27, 2016	
Dated	Duan Dewen	
(I	By a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	rt
	OWEN DEWAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	